
Shingles (Zoster): Questions and Answers

Information about the disease and vaccine

What causes shingles?

Both chickenpox and shingles are caused by the same virus, the varicella zoster virus (VZV). After a person has had chickenpox, the virus rests in the body's nerves permanently. Approximately 30% of all people who have been infected with chickenpox will later develop herpes zoster, commonly known as zoster or shingles.

Why do some people develop shingles and others don't?

Herpes zoster, or shingles, occurs when latent VZV reactivates and causes recurrent disease. It is not well understood why this happens in some people and not others. The risk of getting shingles increases as a person gets older. People who have medical conditions that keep the immune system from working properly, or people who receive immunosuppressive drugs are also at greater risk to get shingles.

How long does it take to show signs of shingles after having chickenpox?

Most people who have had chickenpox never develop shingles; however, anyone who has ever had chickenpox or been vaccinated against chickenpox can develop shingles, including children. Shingles most commonly occurs in people age 50 years and older and the incidence of the disease keeps increasing with increasing age.

What are the symptoms of shingles?

Shingles usually starts as a rash with blisters that scab after 3 to 5 days. The most frequently mentioned symptom is pain. The rash and pain usually occur in a band on one side of the body, or clustered on one side of the face. The rash usually clears within 2 to 4 weeks.

Before the rash develops, there is often pain, itching, or tingling in the area where the rash will develop. Other symptoms of shingles can include fever, headache, chills, and upset stomach.

What are possible complications from shingles?

Very rarely, shingles can lead to pneumonia, hearing problems, blindness, scarring, brain inflammation (encephalitis), or death.

For about one person in five, severe pain can continue even after the rash clears up, a situation called post-herpetic neuralgia (PHN). As people get older,

they are more likely to develop PHN, and it is more likely to be severe and long lasting. The pain may be sharp or throbbing, and it may extend beyond the area of the original rash. The skin may be unusually sensitive to touch and to changes in temperature. PHN can last for months, or even years.

Is there a treatment for shingles?

Several antiviral medicines can be used to treat shingles. These medications should be started as soon as possible after the rash appears. They can help shorten the length and severity of the episode. Pain medicine may also help with pain caused by shingles.

What should I do if I think I might have shingles?

See your healthcare provider as soon as possible if you are experiencing any of the symptoms of shingles or if there is any unexplained rash or pain in any part of your body. Antiviral treatment is most effective if administered within 24 to 72 hours of the appearance of the rash.

Is there a test for shingles?

Yes. The test consists of a laboratory examination of cells taken from a skin lesion.

Can you catch shingles from an infected person?

No, shingles cannot be passed from one person to another such as through sneezing, coughing, or casual contact. While it is possible for the VZV virus to be spread from a person with active shingles to a person who has never had chickenpox or been vaccinated against chickenpox if they have direct contact with the rash, the person exposed would develop chickenpox, not shingles.

How common is shingles in the United States?

It is estimated that one million cases of shingles occur annually.

Can you get shingles more than once?

Yes, but rarely. Ninety-five percent of episodes are first occurrences, and 5% are recurrences. Third cases have been known to occur.

When did zoster vaccine first become available?

A zoster vaccine (Zostavax by Merck) was licensed on May 25, 2006.

What kind of vaccine is it?

The zoster vaccine is a live, attenuated vaccine. This means the live, disease-producing virus was modified, or weakened, in the laboratory to produce an organism that can grow and produce immunity in the body without causing illness.

How is this vaccine given?

This vaccine is given by an injection, usually in the fat into the back of the upper arm.

Who should get this vaccine?

On October 25, 2006, the Advisory Committee on Immunization Practices recommended that all adults age 60 years and older receive one dose of zoster vaccine, including persons who have already had an episode of shingles. Vaccination can be done during a routine healthcare visit.

How effective is this vaccine?

Zoster vaccine was studied in approximately 38,000 individuals throughout the United States who were age 60 years and older as part of its pre-licensure testing. Half received the vaccine and half received a placebo. Study participants were followed for an average of three years to see if they developed shingles and, if they did, how long the pain lasted.

Researchers found that the vaccine reduced the occurrence of shingles by about 50% among persons age 60 years and older. The vaccine most effective for those age 60-69 years (64%); effectiveness declined with increasing age to 41% for those age 70-79 years and 18% for those age 80 years and older.

In individuals vaccinated with zoster vaccine who still developed shingles, the duration of pain was a bit shorter than for those who received a placebo. The severity of the pain did not appear to differ among the two groups.

Does the vaccine help prevent post-herpetic neuralgia?

In people who were age 70 years and older who still developed shingles after being vaccinated, the vaccine reduced the frequency of post-herpetic neuralgia. However, the primary benefit of the vaccine in preventing post-herpetic neuralgia is by reducing the risk of developing shingles in the first place.

Who recommends this vaccine?

At this point, the vaccine has been provisionally recommended by CDC's Advisory Committee on Immunization Practices. The complete recommendations will be published later in 2007 in the Morbidity and Mortality Weekly Report (MMWR).

How safe is this vaccine?

In the largest study that was conducted to look at safety, rates of serious adverse events were similar in people who received Zostavax (1.4%) compared to those who received the placebo (1.4%).

As with all vaccines, the manufacturer will continue to study the vaccine to provide additional safety information.

The following common side effects were reported more often in people who received Zostavax when compared to those who received placebo: redness, pain and tenderness, swelling at the site of injection of the vaccine, and headache.

What side effects have been reported with this vaccine?

The most common reported side effects in vaccine recipients were mild, such as redness, pain and tenderness, swelling at the injection site and headache.

Who should NOT receive zoster vaccine?

- People who are allergic to the antibiotic neomycin, or any component of the vaccine (including gelatin) should not receive this vaccine.
- Zostavax is a live vaccine and should not be given to individuals who have a weakened immune system caused by treatments that they are taking such as radiation or corticosteroids, or due to conditions such as HIV/AIDS, cancer of the lymph, bone, or blood.
- Pregnant women should not receive this vaccine. In addition, people who are in close contact with pregnant women who have not had chickenpox should talk to their healthcare provider before receiving zoster vaccine.

Is the cost of shingles vaccine covered by Medicare?

It is anticipated that Zostavax will not be covered under Medicare Part B (which covers influenza and pneumococcal polysaccharide vaccine). The vaccine will instead be reimbursed through the Medicare Part D program. Beneficiaries should contact their Part D plan for more information.

Does the zoster vaccine cause shingles?

No, there is no evidence that it can at this time; however, the varicella (chickenpox) vaccine sometimes causes a shingles episode. The risk of shingles following vaccination with chickenpox vaccine appears to be less than that following infection with the chickenpox virus. The majority of cases of shingles following chickenpox vaccination have been mild and have not been associated with serious complications.